

SERVICE REQUEST FORM



Please fill in & print with your **device** and **probes** sent to Icare service.

Shipping address Icare Finland Oy / Service
Puutarhatie 20 B 127
FI-01300 Vantaa, Finland

Distributor name	
Address	
Email	

Tonometer Serial number	
Probe LOT number	
Purchase date	
HTI (RMA) number	

Model (see type labeling on covers)

- | | |
|--|---|
| <input type="checkbox"/> Icare TA01i (TA01) | <input type="checkbox"/> Icare TONOVET (TV01) |
| <input type="checkbox"/> Icare PRO (TA03) | <input type="checkbox"/> Icare TONOVET Plus (TV011) |
| <input type="checkbox"/> Icare HOME (TA022) | <input type="checkbox"/> Icare TONOLAB (TV02) |
| <input type="checkbox"/> Icare ic100 (TA011) | |
| <input type="checkbox"/> Icare ic200 (TA031) | |

Please describe measurement conditions

Temperature		C	F
Humidity		%	

Please describe the problem

- Device has fallen
- Measurement results are inconsistent
- Probe moves sluggishly or doesn't move at all
- Device constantly warns about low battery

Please note the warranty does not cover damages caused by dropping down or opening the device. For more info about warranty coverage, please refer to the warranty certificate of your device.

The following error message(s) appears frequently

Other; please describe in detail below:

DO YOU WANT A COST ESTIMATION FOR THE SERVICE, IF YES TAP THE BOX

Please note a fee of 65 € will be charged if service is refused after receiving the cost estimate.

Date _____ Name & Signature _____